

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. David Song MD

Signature of Treasurer

Dr. David Song MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		77747.08
(b) Cash on Hand at Beginning of Reporting Period.....	121459.92	
(c) Total Receipts (from Line 19)	48545.51	93054.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	170005.43	170801.75
7. Total Disbursements (from Line 31)	69906.22	70702.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100099.21	100099.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y
06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39117.17

74360.33

(ii) Unitemized

9428.34

18694.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

48545.51

93054.67

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

48545.51

93054.67

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

48545.51

93054.67

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

48545.51

93054.67

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	906.22	1552.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	906.22	1552.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	69000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69906.22	70702.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69906.22	70702.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48545.51	93054.67
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48545.51	92904.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	906.22	1552.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	906.22	1552.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert Louis Adams MD

Mailing Address 80 Humphreys Center Dr
Ste 100

City State Zip Code
Memphis TN 38120-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : ABDA20D6616549E9A6A0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Pamela M Antoniuk MD

Mailing Address 2801 University Dr S
Sanford Plastic Surgery

City State Zip Code
 Fargo ND 58103-6029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : 8EC5F57B-72D9-46D8-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. C. Bob Basu Md, Mph

Mailing Address 6400 Fannin St
Ste 2100

City State Zip Code
Houston TX 77030-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Basu Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : 245FF8F1-2EF6-4DA8-

Amount of Each Receipt this Period

1014.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1814.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Della C Bennett MD

Mailing Address 4646 Brockton Ave
Ste 302

City State Zip Code
Riverside CA 92506-0172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 729CC559-DF6B-4BF6-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Saul R Berger MD

Mailing Address 16030 Ventura Blvd
Ste 150

City State Zip Code
Encino CA 91436-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : 5AA47D20195C4FC0BEC0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew J. J. Bonanno Md, Facs

Mailing Address 215 E 77th St

City State Zip Code
New York NY 10075-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : A6EA5A90-1C96-4B9C-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 49
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard T Bosshardt MD

Mailing Address 1879 Nightingale Ln
Ste A2

City State Zip Code
Tavares FL 32778-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : CA7744E2-3C16-4707-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith E Brandt MD

Mailing Address 660 S Euclid Ave
Box 8238, 1150 Northwest Tower

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Washington Univ. School of Med - Div.

William G. Hamm Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : 8E5CDF4C-6DE8-482A-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Karen M Buckley MD

Mailing Address 517 Moye Blvd
Ecu Plastic Surgery

City State Zip Code
Greenville NC 27834-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : E97834A7-3C12-48B0-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Theodore A Calianos MD

Mailing Address 151 Whitmar Rd

City

State

Zip Code

Cotuit

MA

02635-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2014			

Transaction ID : 46469F251A40923B4630

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Donald J Campbell MDMailing Address 1296 Sims St
Nepesa Suite B

City

State

Zip Code

Gainesville

GA

30501-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			19			2014			

Transaction ID : 07215562-14C2-455C-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michael G Cedars MDMailing Address 3300 Webster St
Ste 1106

City

State

Zip Code

Oakland

CA

94609-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2014			

Transaction ID : 309E3FE09CDF4ACBA945

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

641.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. George A Csank MD

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : FF59A479-64A6-4794-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James R Cullington MD

Mailing Address 1400 N Interstate 35
Ste 320

City State Zip Code
Austin TX 78701-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : D30CA097-EEC1-404D-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Lynn A Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC Div of Plastic & Recon Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 20 / 2014

Transaction ID : 4A9D9D7F962A4146F9A4

Amount of Each Receipt this Period

91.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

691.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn A Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
 Chapel Hill NC 27517-7447

FEC ID number of contributing federal political committee.

C

Name of Employer
 UNC Div of Plastic & Recon Surgery

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : 409F8520F026CB8AB0DE

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

B. Lynn A Damitz MD

Mailing Address 4917 Mill Hill Ln

City State Zip Code
 Chapel Hill NC 27517-7447

FEC ID number of contributing federal political committee.

C

Name of Employer
 UNC Div of Plastic & Recon Surgery

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : 4EA59BAEDBB1D560CB91

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

c. Chantelle M Decroff MD

Mailing Address 6114 Wooded Creek Cv

City State Zip Code
 Temple TX 76502-7959

FEC ID number of contributing federal political committee.

C

Name of Employer
 Self

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : 2EDDACE1-C6A7-4B7D-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Nayiri Doudikian-Scaff MD

Mailing Address 960 E Green St
Ste 168

City Pasadena State CA Zip Code 91106-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 7750B2170E3642C1B015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles L Dyas MD

Mailing Address 2860 Dauphin St
Ste A

City Mobile State AL Zip Code 36606-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6B23CB08F4E046EFA745

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory R.D. Evans Md, Facs

Mailing Address 200 S Manchester Ave
Ste 650

City Orange State CA Zip Code 92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of California Irvine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2014

Transaction ID : DEC93626E91D40E98BDE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Leo D Farrell MD

Mailing Address 2025 Technology Pkwy
Ste 204

City State Zip Code
Mechanicsburg PA 17050-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farrell Plastic Surgery, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 82512D4D-4748-4CC9-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gregory M Fedele MD

Mailing Address 18081 Hawksmoor Way

City State Zip Code
Chagrin Falls OH 44023-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2014

Transaction ID : 4A6FAB25983FD3D2CEA9

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jaime I Flores MD

Mailing Address 6705 SW 57th Ave
Ste 510

City State Zip Code
South Miami FL 33143-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 8981F892-37B4-4D0A-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 OF 49
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Stacey Nicol Folk MD

Mailing Address 4700 Hale Pkwy
Ste 520

City State Zip Code
Denver CO 80220-4045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 80150392-B6A2-462D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. J. Gregory Ganske MD

Mailing Address 6000 University Ave
Ste 140

City State Zip Code
West Des Moines IA 50266-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 57AF733EA7624741B15D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Juan C Garcia MD

Mailing Address 15 E Washington St

City State Zip Code
Glens Falls NY 12801-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Garcia Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : C707B2CB-DAF3-435D-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jaime R Garza MD

Mailing Address 21 Spurs Ln
Ste 120

City State Zip Code
San Antonio TX 78240-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2014

Transaction ID : 7144A0C134474DF8A785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John E Gatti MD

Mailing Address 409 Kings Hwy S

City State Zip Code
Cherry Hill NJ 08034-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : 90182FC1D70B4D589BB9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Scot Bradley Glasberg Md, Facs

Mailing Address Apartment 19Ab

City State Zip Code
New York NY 10075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 4E2AAA96A91C9F93DCCC

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

840.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 49

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Scot Bradley Glasberg Md, Facs

Mailing Address Apartment 19Ab

City
New YorkState
NYZip Code
10075FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2014

Transaction ID : 4F68B9F1F2422F5D5F20

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Scot Bradley Glasberg Md, Facs

Mailing Address Apartment 19Ab

City
New YorkState
NYZip Code
10075FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : 4A02AD16A3844BE390E1

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

c. Robert G Graper MDMailing Address 2915 Coltsgate Rd
Ste 103City
CharlotteState
NCZip Code
28211-3883FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : 72A970D1-0CFF-4D8B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

680.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Joe A Griffin MD

Mailing Address 513 S Dargan St

City State Zip Code
 Florence SC 29506-2549

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : 60ADA19BA6344255A490

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John A Grossman MDMailing Address 4600 Hale Pkwy
Ste 100

City State Zip Code
 Denver CO 80220-4000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : 4F3FAE9B54C37C5C4AC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen U Harris MDMailing Address 500 Montauk Hwy
Ste H

City State Zip Code
 West Islip NY 11795-4419

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Harris Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : F144D4DB-7537-46AD-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John B Hijjawi MD

Mailing Address 8700 W Watertown Plank Rd

City State Zip Code
 Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : F54862CEC0B244239ABF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hampton A Howell MD

Mailing Address 1345 Westgate Center Dr
 Ste A

City State Zip Code
 Winston Salem NC 27103-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : EA230720-4E1E-44EC-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William H Huffaker MD

Mailing Address 134 Pinehurst Estates Dr

City State Zip Code
 Saint Louis MO 63141-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2014

Transaction ID : 414F84526767D40F4B2A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William H Huffaker MD

Mailing Address 134 Pinehurst Estates Dr

City State Zip Code
 Saint Louis MO 63141-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : 4086A7B2A26D8296219B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William H Huffaker MD

Mailing Address 134 Pinehurst Estates Dr

City State Zip Code
 Saint Louis MO 63141-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 451EAC1A53369487B16C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. C Scott Hultman MD

Mailing Address Division of Plastic Surgery
 7038 Burnett Womack Building

City State Zip Code
 Chapel Hill NC 27599-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of North Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : E57586B205434E849504

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 49
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Timothy A Janiga Md, Facs

Mailing Address 500 Damonte Ranch Pkwy
Ste 703

City State Zip Code
Reno NV 89521-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : 32F41203-9865-4C0B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City State Zip Code
Sacramento CA 95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 4A2AA2737949F10096B9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City State Zip Code
Sacramento CA 95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2014

Transaction ID : 4E6C8CF526ADD2735020

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 49
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City State Zip Code
 Sacramento CA 95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 48F6833FC1D9739E350A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Loree K. Kallianen MD

Mailing Address 640 Jackson St
 Mail Stop 11503 B

City State Zip Code
 Saint Paul MN 55101-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hospital Plastic/Hand Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 71E2B44C-B1DC-4F80-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David S Kirn MD

Mailing Address 2376 Alexandria Dr

City State Zip Code
 Lexington KY 40504-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : 85BB645400814CAE9FF7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brian Kobienia MD

Mailing Address 7450 France Ave S
Ste 220

City State Zip Code
Edina MN 55435-4792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 9B5952086B314FB7AED7

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Peter F Kunz MD

Mailing Address 11725 N Illinois St
Ste 270

City State Zip Code
Carmel IN 46032-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2014

Transaction ID : 4D77B2E65BFB53B7D619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William M Kuzon Md, Phd

Mailing Address 4665 Fox Sedge Ct

City State Zip Code
Dexter MI 48130-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Michigan - Plastic Surge

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 440E86B4E7C2E640F227

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William M Kuzon Md, Phd

Mailing Address 4665 Fox Sedge Ct

City

Dexter

State

MI

Zip Code

48130-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 23 / 2014

Transaction ID : 477AA4A8095167735BD1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William M Kuzon Md, Phd

Mailing Address 4665 Fox Sedge Ct

City

Dexter

State

MI

Zip Code

48130-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 455BA37919DAE7BB276E

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Gilbert W Lee MD

Mailing Address 11515 El Camino Real
Ste 150

City

San Diego

State

CA

Zip Code

92130-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : 0F3BC4B7-DA79-4CFD-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lyle S Leipziger MD

Mailing Address 900 Northern Blvd
Ste 130

City State Zip Code
Great Neck NY 11021-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 09 / 2014

Transaction ID : 9DA78ECE-2D75-45C1-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James T Lin MD

Mailing Address 8021 Laguna Blvd
Ste 3

City State Zip Code
Elk Grove CA 95758-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C48BA96C-3206-40C0-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John A Logiudice MD

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City State Zip Code
Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : 88A58A38-18BC-4D8D-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul J Loverme Md, Facs

Mailing Address 3 Brook Ridge Ct

City State Zip Code
Cedar Grove NJ 07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : 4A6BBF50800354BF78BE

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Paul J Loverme Md, Facs

Mailing Address 3 Brook Ridge Ct

City State Zip Code
Cedar Grove NJ 07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2014

Transaction ID : 4E0CA1A7D7F6EBCE62ED

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Herluf G Lund MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Chesterfield MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : A213FD8A-FBC2-4CA9-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dennis J Lynch MD

Mailing Address 2361 River Ranch Rd

City

Temple

State

TX

Zip Code

76502-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 7924F3B09FB241D1AF40

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raman Chaos Mahabir MD

Mailing Address Division of Plastic Surgery

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Associate Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 99E11628-5821-46ED-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marcel M Malek MD

Mailing Address 8438 E Shea Blvd

Ste 101

City

Scottsdale

State

AZ

Zip Code

85260-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 2D86DF0A-4F6D-4706-

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sami M. Mamoun MD

Mailing Address 188 Eagle Rock Ave
Ste 2A

City Roseland State NJ Zip Code 07068-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 9D5EA67A51E5464AA788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Man MD

Mailing Address 851 Meadows Rd
Ste 222

City Boca Raton State FL Zip Code 33486-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A084553A9E6A411C944E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Louis G. Mes MD

Mailing Address 917 Coolidge Blvd

City Lafayette State LA Zip Code 70503-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2014

Transaction ID : 878792FE-D2B7-4D1B-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charles A Messa III, Md, F

Mailing Address 2823 Executive Park Dr

City State Zip Code
Weston FL 33331-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 1E40C110-0522-4EEF-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Brent R.W Moelleken MD

Mailing Address 120 S Spalding Dr
Ste 110

City State Zip Code
Beverly Hills CA 90212-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 8FCBEDA3-8490-434F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D Morehouse MD

Mailing Address 5400 Gibson Blvd SE

City State Zip Code
Albuquerque NM 87108-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : BA9FEEC8-A21D-4F57-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Herbert J Nassour MD

Mailing Address 1300 Murchison Dr
Ste 300

City State Zip Code
El Paso TX 79902-4851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 08 / 2014

Transaction ID : 80EBD88369CC4B0DAF82

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Morgan E Norris MD

Mailing Address 6906 Sewanee St

City State Zip Code
Houston TX 77025-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : 4B798040CB4FE2D7B812

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Morgan E Norris MD

Mailing Address 6906 Sewanee St

City State Zip Code
Houston TX 77025-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 491097617540C8A6F60F

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

430.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Morgan E Norris MD

Mailing Address 6906 Sewanee St

City

Houston

State

TX

Zip Code

77025-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 14 / 2014

Transaction ID : 4948B172059178A58F6E

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. John M Osborn MD

Mailing Address 95 Scripps Dr
Downstairs

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C66D11C8FF9F4826A816

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Stacy L Peterson MD

Mailing Address 818 N Emporia St
Ste 305

City

Wichita

State

KS

Zip Code

67214-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 8286E5A7508845BAB95B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

755.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mark A Pinsky MD

Mailing Address 11020 RCA Center Dr
 Ste 2010

City State Zip Code
 Palm Beach Gardens FL 33410-4277

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : E803619F2EF64F979DB3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Byron D Poindexter MD

Mailing Address 1825 Samuel Morse Dr

City State Zip Code
 Reston VA 20190-5317

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 42816864C8BA4873949A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Harlan Pollock MD

Mailing Address 8305 Walnut Hill Ln
 Ste 210

City State Zip Code
 Dallas TX 75231-4203

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : 54F856A9-EEEE-4A00-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Vasdev S Rai MD

Mailing Address 7777 Forest Ln
Ste C612

City State Zip Code
Dallas TX 75230-6853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 5C288551-285E-4578-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Brian Reedy MD

Mailing Address 50 Commerce Dr

City State Zip Code
Wyomissing PA 19610-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : 8FEA927D-FC23-42B7-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert D Rehnke MD

Mailing Address 6606 10th Ave N

City State Zip Code
Saint Petersburg FL 33710-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : C9747F4F5DD142E7A6C3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James N Romanelli MD

Mailing Address 110 E Main St
Ste 6

City State Zip Code
Huntington NY 11743-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : DB4AB0B6-017B-4BC2-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Justin M Sacks MD

Mailing Address 601 N Caroline St
Ste 8140D

City State Zip Code
Baltimore MD 21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : 53FA2084-D8E7-4EEA-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gordon H Sasaki MD

Mailing Address 800 Fairmount Ave
Ste 319

City State Zip Code
Pasadena CA 91105-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : DF0FCF93837B443AB7BA

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert K Sigal MD

Mailing Address 1825 Samuel Morse Dr

City	State	Zip Code
Reston	VA	20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2014

Transaction ID : 2AD7A0860010407BB673

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Devinder Singh MDMailing Address 22 S Greene St
U of Maryland Med Center Room Sout

City	State	Zip Code
Baltimore	MD	21201-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

Transaction ID : 319D1559373D45A1B518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brendan E Smith MDMailing Address 16 Okatie Center Blvd S
Ste 101

City	State	Zip Code
Okatie	SC	29909-7535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

Transaction ID : 46E89706632B3C79BBF2

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Ned Snyder IV, MD

Mailing Address 1510 W 34th St
Ste 100

City Austin State TX Zip Code 78703-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 8F5A5F34-A91B-4151-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William D Strinden MD

Mailing Address 116 Christie Dr

City Lufkin State TX Zip Code 75904-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lufkin Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 22 / 2014

Transaction ID : 0A94FB2A1FF74FCC86CB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Linda L Swanson MD

Mailing Address 3440 Lomita Blvd
Ste 150

City Torrance State CA Zip Code 90505-4863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2014

Transaction ID : FD3A6CC2-F100-4029-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kevin Tehrani MD

Mailing Address 560 Northern Blvd

Medaesthetics Suite 109

City

Great Neck

State

NY

Zip Code

11021-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 4C033905-1429-49A0-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anthony P Tufaro MD

Mailing Address McElderry 8130-D

City

Baltimore

State

MD

Zip Code

21287-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 21 / 2014

Transaction ID : ACB62CB275A84214A2E1

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. David M Turner MD

Mailing Address 711 W 38th St

Ste C8

City

Austin

State

TX

Zip Code

78705-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : C50B5E0E-CE8D-40A1-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Tito L. Vasquez MD

Mailing Address 2600 Post Rd

City

Southport

State

CT

Zip Code

06890-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : 165D2D67-66AF-46E3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William A. Wallace Md, Facs

Mailing Address 916 Alameda Ln

City

Saint Johns

State

FL

Zip Code

32259-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 4D76B7AED7B48015642B

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. William A. Wallace Md, Facs

Mailing Address 916 Alameda Ln

City

Saint Johns

State

FL

Zip Code

32259-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 17 / 2014

Transaction ID : 4BFEB1CCC4B1CE3FA2F8

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 38 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William A. Wallace Md, Facs

Mailing Address 916 Alameda Ln

City

Saint Johns

State

FL

Zip Code

32259-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 439C85350E4AA2D00F85

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Andrew M Wolin MD

Mailing Address Suite 110

8415 E Pima Road

City

Scottsdale

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 9A56FB56-50C7-413B-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Lester J Yen MD

Mailing Address 5950 University Ave

Ste 120

City

West Des Moines

State

IA

Zip Code

50266-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Iowa Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : B2BEF720AB584FA98432

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

634.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sergio M Zamora Md, Facs

Mailing Address 1890 Lpga Blvd
Ste 150

City State Zip Code
Daytona Beach FL 32117-7131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : B9808519D66C447BADDB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

39117.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

Category/
Type

394.01

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Age Group	Percentage
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	191.61

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Category/
Type

Amount of Each Disbursement this Period

Disbursement Type	Amount
Amount of Each Disbursement this Period	320.60

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

906.22

906.22

906.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lamar AlexanderCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 453A8BAF90B4F377EDB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. America Works PAC

Mailing Address PO Box 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

America Works PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 20EDFD71B9734B7DB4E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
2014 Primary

011

Candidate Name

William CassidyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A0FA2C361AD43F1700F

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City
the WoodlandsState
TXZip Code
77387-8277Purpose of Disbursement
2014 General

011

Candidate Name

Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 334064F5A791A8FC74F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Capito for West Virginia

Mailing Address PO Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
2014 Primary

011

Candidate Name

Shelley Moore CapitoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 9324B95018CB69EB433

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City
SpokaneState
WAZip Code
99210-0137Purpose of Disbursement
2014 Primary

011

Candidate Name

Cathy McMorris RodgersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 5A367DAB44F7B5CC423

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address PO Box 80126

Transaction ID : C8495879CEC930E382B

City Lafayette	State LA	Zip Code 70598-0126
-------------------	-------------	------------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2000.00

Candidate Name

Charles W. Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Full Name (Last, First, Middle Initial)

B. Cole for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address PO Box 722256

Transaction ID : B04E37EEA271ADC53C8

City Norman	State OK	Zip Code 73070
----------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2000.00

Candidate Name

Thomas Jeffery ColeCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Full Name (Last, First, Middle Initial)

C. Cory Gardner for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address 9227 E. Lincoln Ave., #200-234

Transaction ID : D2E3EE4C38F692BE58A

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2000.00

Candidate Name

Cory GardnerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Cotton for Senate

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas CottonCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 3F6169789E07579B92E

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Albert ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 4B23C43994176942018

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066-1437

Purpose of Disbursement
2014 Primary

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 9C3B3E7C6A934D03D0C

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dr Monica Wehby for US Senate

Mailing Address PO Box 3375

City Portland	State OR	Zip Code 97208
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Monica WehbyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : D2294A6F858DBEA3F95

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City Palm Desert	State CA	Zip Code 92261
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Raul RuizCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : E324067B160A576B87C

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Families for James Lankford

Mailing Address PO Box 1639

City Bethany	State OK	Zip Code 73008
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Purpose of Disbursement
2014 Primary

011

Candidate Name

James LankfordCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : D8FE3E4042F002D6283

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address PO Box 3750

Transaction ID : 8C15E28882A56FC6485

City	State	Zip Code
Brentwood	TN	37024-3750

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2000.00

Candidate Name

Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address PO Box 1496

Transaction ID : 6C5D514229428BB6801

City	State	Zip Code
Louisville	KY	40201

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 General

011

2500.00

Candidate Name

Mitch McConnellCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address PO Box 2334

Transaction ID : 6B85A5A7AC5842AC3CB

City	State	Zip Code
Denton	TX	76202-2334

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 General

011

5000.00

Candidate Name

Michael Clifton BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pat Roberts for U.S. Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 06E76FA675695C82ADDPurpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Pat RobertsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District:

Full Name (Last, First, Middle Initial)

B. Price for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Transaction ID : BD8A57BB7C6E6DE4489Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Thomas E. Price M.D.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 43104A06A5FFE7610CAPurpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Renee Jacisin EllmersCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Tiberi for CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 General

011

Candidate Name

Patrick J. TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : FECEBB3DD499F2B9DE7

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy Eugene ScottCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 617205066410CB97C81

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ron WydenCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : 28E02CD1C514521C869

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

69000.00